

Page 5

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09/937096	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5						
6	/					
7	/					
8	/					
9	/					
10	/					
11	/		/			
12	/		/			
13	/					
14	/					
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	/					
26	/					
27	/					
28	/					
29						
30						
31						
32						
33						
34						
35						
36						
37	/					
38	/					
39	/					
40	/		/			
41	/					
42	/		/			
43	/		/			
44	/					
45	/					
46	/		/			
47	/		/			
48	/	/	/	/		
49						
50						
TOTAL IND.	34		18			
TOTAL DEP.	271	↔	67	↔		↔
TOTAL CLAIMS	255	↔	83	↔		↔

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			IND.			IND.		
51	/								
52	/								
53	/								
54	/								
55	/								
56	/								
57	/								
58	/								
59	/								
60	/								
61	/								
62	/								
63	/								
64	/								
65	/								
66	/								
67	/								
68	/								
69	/								
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.									
TOTAL DEP.		↔				↔			↔
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Page 2

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937096

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/	/				
102	/					
103	/					
104	/					
105	/					
106	/					
107	/					
108	/					
109	/					
110	/					
111	/					
112	/					
113	/					
114	/					
115	/					
116	/					
117	/					
118	/					
119	/					
120	/					
121	/					
122	/					
123	/					
124	/					
125	/					
126	/					
127	/					
128	/					
129	/					
130	/					
131	/					
132	/					
133	/					
134	/					
135	/					
136	/					
137	/		/	/		
138	/		/	/		
139	/		/	/		
140	/		/	/		
141	/		/	/		
142	/		/	/		
143	/		/	/		
144	/		/	/		
145	/		/	/		
146	/					
147	/					
148	/					
149	/		/	/		
150	/		/	/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
/51	/	/	/52	/	/	/53	/	/
/54	/	/	/55	/	/	/56	/	/
/57	/	/	/58	/	/	/59	/	/
/60	/	/	/61	/	/	/62	/	/
/63	/	/	/64	/	/	/65	/	/
/66	/	/	/67	/	/	/68	/	/
/69	/	/	/70	/	/	/71	/	/
/72	/	/	/73	/	/	/74	/	/
/75	/	/	/76	/	/	/77	/	/
/78	/	/	/79	/	/	/80	/	/
/81	/	/	/82	/	/	/83	/	/
/84	/	/	/85	/	/	/86	/	/
/87	/	/	/88	/	/	/89	/	/
/90	/	/	/91	/	/	/92	/	/
/93	/	/	/94	/	/	/95	/	/
/96	/	/	/97	/	/	/98	/	/
/99	/	/	200					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Page 3

AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937096 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
201	/			
202	/			
203	/			
204	/			
205	/			
206	/			
207	/			
208	/			
209	/			
210	/			
211	/			
212	/			
213	/			
214	/			
215	R			
216	R			
217	R			
218	/			
219	O			
220	O			
221	/			
222	/			
223	/			
224	/			
225	/			
226	O			
227	O			
228	O			
229	/			
230	6			
231	6			
232	/			
233	/			
234	/			
235	O			
236	O			
237	O			
238	O			
239	O			
240	O			
241	O			
242	/			
243	/			
244	/			
245	/			
246	/			
247	/			
248	/			
249	/			
250	/			
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		/						
52		/						
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS